

Assisting Vocational Rehabilitation Services in Finding Work for Hoosiers with Disabilities



INDIANA COMMISSION ON REHABILITATION SERVICES

ANNUAL REPORT

FEDERAL FISCAL YEAR 2004
OCTOBER 1, 2003 TO SEPTEMBER 30, 2004



GREETINGS FROM THE CHAIR!

The Indiana Commission on Rehabilitation Services represents Hoosiers with disabilities seeking employment through Vocational Rehabilitation (VR) Services.

The federal Rehabilitation Act requires each state to establish a council to review and advise the public Vocational Rehabilitation program and to evaluate the effectiveness of its services, including employment outcomes and customer satisfaction. Commission members are appointed by the Governor, and the majority of members have a disability.

The Commission acts as a partner with Vocational Rehabilitation Services and disability-related councils in Indiana and across the nation toward the shared mission of promoting full employment and independence for people with disabilities. The Commission assists in planning regular statewide assessments of vocationally-related needs of Hoosiers with disabilities; is involved in developing the Vocational Rehabilitation Services state plan; reviews current and proposed State policies and procedures related to Vocational Rehabilitation Services; reviews appeals and service eligibility issues; and develops position statements for advocacy on public policy issues that impact employment for people with disabilities in Indiana.

Public input and feedback is extremely important to us. An open forum for input from our guests is part of each meeting's agenda. Over the past several years in order to increase input from the community, the Commission has conducted public forums at various annual conferences and meetings throughout the state to make ourselves conveniently available to you and provide you with an opportunity to talk with us about matters related to VR services. The information provided at these forums has led to changes in VR policies during the past year.

The Commission makes a concerted effort to have at least one member present at the annual Governor's Council for People with Disabilities conference, the Arc of Indiana convention, the Indiana Association of Rehabilitation Facility conference, the IN*SOURCE conference, and others to stay in tune with the various issues and challenges. The Commission also assists in developing the customer satisfaction survey, reviews the results and all comments, and together with VR uses these to identify current strengths and areas for improvement, and also to convey to the VR Counselors 'in the field' the positive comments received, with our appreciation for their excellent work.

If you have ever used or applied for VR services, we urge you to contact any member of the Commission with your ideas, concerns, recommendations, or success stories. We'd love to hear from you.

Sincerely, John Hill, Chair





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HISTORY AND PURPOSE

Section 105 of the Rehabilitation Act of 1973, as amended in 1992 and 1998, requires the State vocational rehabilitation agency to establish a State Rehabilitation Council (SRC). Council members are appointed by the Governor and serve no more than two consecutive full terms. No terms can exceed three years.

In Indiana, the State Rehabilitation Council is named the Commission on Rehabilitation Services. All Rehabilitation Act references to the "Council" in this report are applicable to the Commission.

The Commission was established under the preexisting Indiana Rehabilitation Commission. As required by the Rehabilitation Act, the Commission is composed of individuals representative of the following categories.

- Statewide Independent Living Council
- Parent Training and Information Center
- Client Assistance Program
- Vocational Rehabilitation Counselor
- Community Rehabilitation Program
- Business, Industry, and Labor
- Disability Advocacy Groups
- Current or Former Applicants or Recipients of Vocational Rehabilitation Services
- Indiana Department of Workforce Development
- Indiana Department of Education



MEMBERSHIP

The majority of the Commission members are individuals who have a disability, and are not employed by Vocational Rehabilitation Services. The Commission on Rehabilitation Services is comprised of the following members.

Representing a Parent Training and Information Center:

SALLY HAMBURG

IN*SOURCE 809 N. Michigan South Bend, IN 46601

Representing a Community Rehabilitation Program:

KAREN LUEHMANN

4829 East State Road 252 Franklin, IN 46131

Representing the Indiana Council on Independent Living:

JODI JAMES*

220 E. 8TH Street Michigan City, IN 46360

Representing the Client Assistance Program:

SUE BEECHER

Indiana Protection and Advocacy 4701 N. Keystone Avenue, Suite 222 Indianapolis, IN 46205

Representing Business, Industry, and Labor:

MARY ILU ALTMAN, Ph.D.

Director of Student Services and Diversity Enhancement Purdue School of Nursing, Johnson Hall of Nursing 502 N. University Street, Room 109 B West Lafayette, IN 47907-2069

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NOTE: * = A single asterick identifies a person with a disability.

^{** =} A double asterisk identifies those individuals whose terms expired or who resigned during federal fiscal year 2004.



MEMBERSHIP

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416 Westchester Boulevard Noblesville, IN 46060

Representing Advocacy Groups, Individuals with Disabilities, representing Individuals with Disabilities, and Former and Current VRS Customers:

NANCY FORD-WINTERS *

Branches for Disabilities, Inc. 4433 Four Season Circle Indianapolis, IN 46226

KEVIN KILTY* **

IN Depressive and Manic-Depressive Association 55 Monument Circle, Suite 55 Indianapolis, IN 46204

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ALICE OLSON*

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BONNA O'TOOLE

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Representing the IN Department of Workforce Development

CAROL BAKER

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Representing the IN Department of Education

JOHN HILL, CHAIRPERSON

IN Department of Education Division of Special Education Room 229, Statehouse Indianapolis, IN 46204-2798



NOTE: * = A single asterick identifies a person with a disability.

^{** =} A double asterisk identifies those individuals whose terms expired or who resigned during federal fiscal year 2004.

MEMBERSHIP

Ex-officio members:

BARB KEESLING

Vocational Rehabilitation Services 415 South Branson Street Marion, IN 46953-2095

MICHAEL HEDDEN, DEPUTY DIRECTOR

Vocational Rehabilitation Services Indiana Government Center South, W453 P.O. Box 7083 Indianapolis, IN 46207-7083



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^{** =} A double asterisk identifies those individuals whose terms expired or who resigned during federal fiscal year 2004.

MISSION STATEMENT

Assist Persons With Disabilities To Achieve Employment and Independence

VALUES

VALUE 1 We value persons with disabilities and their equal opportunity to: maximize employment; independence; and, to fully participate in their rehabilitation program.

VALUE 2 We value quality services for persons with disabilities to achieve employment and independence.

VALUE 3 We value staff as Vocational Rehabilitation's greatest resource.

The Commission on Rehabilitation Services recognizes the Vocational Rehabilitation Services **Mission & Values** as an integral part of their activities and functions.

INDIANA COMMISSION ON REHABILITATION SERVICES

ANNUAL REPORT

FEDERAL FISCAL YEAR 2004



COMMISSION FUNCTIONS

- The Commission's responsibilities are outlined in Section 105 of the United States Rehabilitation Act. The Commission must consult with the State Workforce Investment Board in performing the following functions:
- Review, analyze, and advise the Vocational Rehabilitation Services program
 regarding their performance related to eligibility, order of selection, the extent,
 scope and effectiveness of vocational rehabilitation services, and functions performed by Vocational Rehabilitation Services that affect the ability of individuals
 with disabilities to achieve an employment outcome;

In partnership with the Vocational Rehabilitation Services program;

- Develop, agree to, and review the state's goals and priorities;
- Evaluate the effectiveness of the Vocational Rehabilitation Services program and submit an annual report to the Commissioner of the Rehabilitation Services Administration; and
- conduct a comprehensive statewide needs assessment, every three years, of individuals with disabilities living in the state.
- Advise Vocational Rehabilitation Services regarding its activities;
- Assist in the preparation of the State Plan, amendments to the Plan, applications, reports, needs assessments, and evaluations, including those necessary for the Vocational Rehabilitation Services program to satisfy the requirements of developing a comprehensive system of personnel development and establishing an order of selection;
- Review and analyze the effectiveness of and customer satisfaction with Vocational Rehabilitation Services' functions, services provided by Vocational Rehabilitation Services and others, and employment outcomes achieved by Vocational Rehabilitation Services customers;
- Prepare and submit an annual report to the Governor and the Commissioner of the U. S. Department of Education's Rehabilitation Services Administration on the status of the Vocational Rehabilitation Program in the state; and make the report available to the public;
- Coordinate the activities of the State Rehabilitation Council with the activities of other councils, such as the State Independent Living Council (SILC), the advisory panel established under the Individuals with Disabilities Education Act (IDEA), the State Developmental Disabilities Council, the State Mental Health Planning Council, and the State Workforce Investment Board;
- Provide for the coordination and the establishment of working relationships



COMMISSION FUNCTIONS

between Vocational Rehabilitation Services and the State Independent Living Council and the Centers for Independent Living; and

• Perform other functions that are determined appropriate and comparable to the State Rehabilitation Council's other functions, provided they are consistent with the purpose of Title I of the Rehabilitation Act and its implementing regulations.



COMMITTEES

The Commission's committees and sub-committees meet on an "as needed" basis. Committee functions are briefly outlined below.

The **Policy & Oversight Committee** consults with Vocational Rehabilitation Services on the development, implementation, and revision of State policies and procedures pertaining to the provision of vocational rehabilitation services; reviews appeals; advises Vocational Rehabilitation Services on eligibility and the scope and effectiveness of vocational rehabilitation services and activities, and the functions that affect individual employment outcomes. The committee's purpose relates to the implementation of policies and procedures rather than the day to day management of the program, and will involve researching issues brought before the Commission.

The **Planning and Evaluation Committee** functions in partnership with Vocational Rehabilitation Services to fulfill all planning, evaluating, and reporting responsibilities as defined in the Rehabilitation Act, through the establishment of the following four sub-committees:

Needs Assessment—In coordination with Vocational Rehabilitation Services, conducts a statewide needs assessment every three years.

Goals and Priorities—In coordination with Vocational Rehabilitation Services, develops, agrees to, and reviews State goals and priorities, and incorporates customer input from public forums, satisfaction surveys, etc.

State Plan—In coordination with Vocational Rehabilitation Services, prepares the State Plan and amendments, ensuring compliance with all Rehabilitation Act requirements.

Evaluation and Reporting—In coordination with Vocational Rehabilitation Services, evaluates the effectiveness of the Vocational Rehabilitation Services Program, and reports annual progress to the Rehabilitation Services Administration; evaluates achievement of the State Plan, including the goals, priorities, and all other requirements of the Rehabilitation Act; and prepares and submits an annual report to the Governor, the Rehabilitation Services Administration, and the public on the status of Vocational Rehabilitation Services. For each required report, the committee will determine the content and provide it to the Public Outreach Committee for report design.

The Customer Satisfaction Committee solicits, reviews, and analyses customer input and/or satisfaction with the functions of Vocational Rehabilitation Services to include services and employment outcomes, and conducts such



COMMITTEES

activities as necessary to assess satisfaction and obtain feedback, such as written and/or telephone surveys, public forums, focus groups, etc.

The Public Outreach Committee coordinates public education efforts, including advocacy and publicizing positive outcome data; plans special events, such as an annual Legislative Reception; develops the approach and strategies to enhance the image and vitality of the Commission, and coordinates outreach and marketing; designs and prepares materials for effective communication with customers, the public, the Governor, the Legislators, and the Rehabilitation Services Administration, including reports, brochures, etc. The committee is responsible for developing the Commission's annual report utilizing the information provided by the Planning and Evaluation Committee.

The Recruitment Committee is responsible for general recruitment and the nomination of candidates who are interested in serving on the Commission. The names of potential candidates are subsequently submitted to the Governor for consideration. The committee also ensures that the nominations for Commission Chairperson and Vice Chairperson are solicited when necessary.



FEDERAL FISCAL YEAR 2004 MEETINGS

ive Commission meetings were held during federal fiscal year 2004. The Commission conducted business meetings on December 4, 2003, March 12, 2004, May 14, 2004, July 9, 2004, and September 10, 2004. In networking with Vocational Rehabilitation Services staff and customers, the decision was made to conduct one business meeting per year outside the Indianapolis area to enable the Commission to meet with Vocational Rehabilitation Services customers and field staff. In federal year 2004, the meeting was held in Terre Haute, Indiana.

Throughout the year, the Commission members received many Vocational Rehabilitation Services documents and reports to include: Vocational Rehabilitation Services Automation Updates and Fiscal Reports, State Legislative Updates; Customer Satisfaction Survey Highlights; Federal Fiscal Year 2004 Proposed Outcomes; VRS Performance Standards and Indicators and other statistical information; Annual Revisions to the *Title I State Plan for the Vocational Rehabilitation Services Program*, and its *Title VI, Part B Supplement for Supported Employment Services*; Policy Manual drafts; appeal decisions, and the RSA 722 Report—*Resolution of Applicant/Client Appeals*. Presentations were made on topics to include information regarding State Legislation, the IN Department of Education, Deaf and Hard of Hearing Services, Governor's Council for People with Disabilities, and Social Security Work Incentives.



COMMISSION HIGHLIGHTS

Following are some of the accomplishments achieved during federal fiscal year 2004.

- Provided input into Vocational Rehabilitation Services policies.
- Recommended utilizing a "decision tree," similar to the one developed for the Order of Selection training, for other newly developed policies/procedures, as appropriate.
- Endorsed the concept of a financial means test for VR customers.
- Collaborated with Vocational Rehabilitation Services in the development of the annual revisions to the State Plan, to include the Goals and Priorities and Comprehensive System of Personnel Development.
- Attended State Plan public hearings.
- Reviewed Vocational Rehabilitation Services appeal decisions and made recommendations for changes when systemic issues were identified.
- Approved continued use of the customer satisfaction survey previously developed in partnership with the Vocational Rehabilitation Services program.
- Reviewed information and provided approval for Vocational Rehabilitation Services to contract with a new VRS Impartial Hearing Officer.
- Achieved the goal of networking with other Governor appointed Boards, Councils, and Commissions, as well as agencies and organizations, to enhance the visibility of the Commission and provide linkages by participating in several events throughout the year.
- Improved communication with Vocational Rehabilitation Counselors by providing to them on a regular basis a summary of the customer satisfaction survey comments.
- Expanded the Commission's knowledge in such areas as State legislation, the IN Department of Education, Deaf and Hard of Hearing Services, the Governor's Council for People with Disabilities, and Social Security Work Incentives.
- Ensured that the Commission's membership was in compliance with federal mandates, and strengthened diversity among the Commission's membership.



Vocational Rehabilitation Services has been actively responsive and supportive of the Commission on Rehabilitation Services' suggestions and recommendations made throughout the year. Commission members' comments resulting from policy revisions, as presented during public hearings held in February 2004, are outlined below.

WITH REGARD TO THE PUBLIC HEARINGS AND MATERIALS PRESENTED FOR THE PUBLIC HEARINGS GENERALLY

(1) One Commission member expressed concern that several of the chapters presented made reference to other chapters not yet written and available for comment.

Three reasons are cited for the situation noted. (1) The entire Policy and Practice Manual (PPM) revision is not yet written, so could not be presented all at once. (2) If the completed manual were presented all at one time, it would be too much material for the public to review and provide comprehensive comments on it. (3) The main issue for these public meetings was the order of selection, so it was those manual chapters related in some way to the order of selection that were chosen for completion and presentation first (along with any others that had been completed to date). In any event, the chapters referenced will also be completed and presented to the Commission, the Client Assistance Program (CAP), and the public, and all interested parties will have the opportunity to review and comment on them prior to their implementation.

(2) A Commission member stated in general that they didn't understand what was intended in the PPM chapters by **REQUIRED PRACTICE**, or from where the materials they contain had been derived.

The REQUIRED PRACTICE sections of the manual chapters are, as their label implies, a mandatory application of the policy, which they follow. Depending on the particular section, the concepts covered in each section of REQUIRED PRACTICE are based: (A) in many cases, on subregulatory federal policy directives, guidance, and reporting requirements; (B) in several instances, on federal, state, and internal program reviews and fiscal audits which required or recommended policy and procedural changes or clarifications; (C) in a handful of cases, on interpretations of the law by agency legal staff; (D) sometimes, on the need to assure compliance with the program's automated case service and reporting system; (E) in other instances, on the need to address issues arising from the mediation and administrative hearing processes; and (F) on the need to provide more detail, examples, or other information to permit counselors and other staff to correctly apply the policy in question. The REQUIRED PRACTICE sections of the manual are, in fact, mandatory practices, and not merely guidance or suggested practices.



REGARDING THE PROPOSED STATE PLAN REVISION ON ORDER OF SELECTION AND THE ACCOMPANYING PROPOSED POLICY AND PRACTICE MANUAL (PPM) CHAPTER ON THE ORDER OF SELECTION

(3) One Commission member noted as a general comment that the proposed order of selection Policy and Practice Manual (PPM) chapter really didn't say much, and needed to be more detailed.

The chapter in question needs to be viewed within the total context of the revised chapters, as proposed. For example, the criteria for determining whether an individual is an individual with a disability, an individual with a significant disability, or an individual with a most significant disability is covered under another chapter and, although the order of selection priority category to which the individual is assigned is based on the determination made regarding the significance of his or her disability, it was not felt necessary to repeat in the order of selection chapter information already provided elsewhere. As a result of this comment, however, other fairly significant changes were made to the order of selection PPM chapter which do provide more specific information and focus the chapter as a whole more clearly on the pertinent policies and procedures.

(4) In the proposed State plan amendment for order of selection, as well as in the related PPM policy as proposed, several of the functional capacity criteria required that an individual have an "uncorrected and unaccommodated limitation" of the particular functional capacity in order to be found to have a "serious limitation" of that capacity. One Commission member questioned what was intended by the phrase "uncorrected and unaccommodated limitation."

The intent was to emphasize that an individual had a substantial service need with respect to the particular functional capacity that had not yet been met in order to be determined to have a serious limitation of that capacity. In deference to this comment and subsequent discussions of the issue raised, the State plan and the related PPM policy were revised, to: (A) delete the phrase "uncorrected and unaccommodated limitation;" and (B) substitute other language, to indicate that the serious limitation cited for each of the functional capacities must result in a "current" and "consistent" need.

(5) A Commission member stated that the policy on the order of selection should indicate more clearly when (at what points in an individual's VR program participation) the federally mandated notifications regarding the order and their individual priority category assignment, their right to request a review of their priority category assignment, etc. would occur.

The proposed PPM chapter was amended to be as specific as possible concerning the notification points.



(6) A Commission member also wanted to know, relative to the notifications cited in issue (5), preceding, whether or not the notifications would include a CAP notification.

The federal regulatory requirements of 34 CFR §361.36(e)(2) do not require notifying the individual regarding the CAP in the context of the order of selection notification; nevertheless, a CAP notification seems in the spirit of the regulations and is of potential benefit to customers. For these reasons, the proposed PPM chapter was amended to add, as a state agency requirement, that order of selection notifications require that the individual be notified regarding the CAP in addition to the federally required notification information.

(7) A Commission member also asked whether or not all individuals with signed IPEs at the time that an order of selection is implemented would be informed of their right not have services denied, reduced, or terminated.

The VR program is required to make an assurance that its order of selection will not interrupt services being provided to individuals receiving services under an IPE already agreed to. That assurance is provided in the State plan, and is also clearly stated in the proposed order of selection policy itself. A specific notification to the individual in this regard is not federally required, and is not deemed necessary. Should the situation arise in which an individual already receiving services under an approved IPE has his or her services incorrectly reduced or terminated as a consequence of order of selection implementation, the situation can adequately be dealt with through the mediation and administrative hearing processes, in which case we would expect a finding in the individual's favor.

(8) One Commission member noted that the proposed order of selection policy needed to provide greater detail concerning information and referral services, and that the final version should reflect all of the federal requirements of 34 CFR §361.37.

The proposed PPM chapter was reviewed with respect to regulatory requirements, and language was added, to cover all requirements pertinent to the information and referral services provided to individuals on the agency's deferred services waiting list.

POLICY AND PRACTICE REVISION CONCERNING THE PROCESSING OF REFERRALS AND APPLICATIONS

Commission members also presented comments regarding several of the other proposed Policy and Practice Manual (PPM) chapters.

(9) With respect to the proposed PPM chapter on processing referrals and applications, a Commission member objected to a REQUIRED PRACTICE section which defined being "present in the State" as having some demonstrable



connection with the State (such as being countable for census purposes, eligibility for voter registration, property ownership, work, etc.) that is more than merely having applied for VR services alone.

The REQUIRED PRACTICE information in question is based on federal guidance received by the program, and is also consistent with other federal requirements which require an applicant to be available to participate in an assessment for determining eligibility and priority for services.

POLICY AND PRACTICE REVISION CONCERNING THE ASSESSMENT FOR DETERMINING ELIGIBILITY AND PRIORITY FOR SERVICES

(10) A number of comments were received which suggested that the PPM chapter on the assessment for determining eligibility and priority for services was confusing for some. As originally proposed, the chapter was 36 pages long, and covered the assessment itself and its conduct, trial work experiences, extended evaluations, the eligibility determination, the determination regarding the significance of the individual's disability, and other issues.

On reexamination, the original policy manual draft did appear to be less clear than other proposed chapters. As a consequence of these comments, the original one chapter was divided into three chapters: one concerning the assessment and assessment process requirements; another dealing with the eligibility determination; and a third covering the determination regarding the significance of the individual's disability. In each of the three resulting chapters, care has been taken to include only those policy and practice requirements pertaining to the subject discussed, and it is felt that the result is clearer and less daunting.

POLICY AND PRACTICE REVISION CONCERNING THE ELIGIBILITY DETERMINATION

(11) Noting that the proposed policy didn't include one, a Commission member asked whether or not there is a policy guideline on how long trial work experiences or an extended evaluation can last.

No such guideline is given or required in federal policy, except to the extent that it states that they must last for a period of time sufficient to make a determination regarding whether or not an individual is capable of achieving an employment outcome. That period of time would be different for each individual, so the policy cannot establish any arbitrary duration for trial work experiences or an extended evaluation.

(12) Two Commission members noted that further clarification was needed concerning the section in the draft PPM chapter that individuals currently engaging in the illegal use of drugs or alcohol were ineligible for VR services.

The section in question was thoroughly revised, to include considerably more explanation.



POLICY AND PRACTICE REVISION CONCERNING DETERMINATIONS REGARDING THE SIGNIFICANCE OF THE INDIVIDUAL'S DISABILITY

(13) One commenter questioned the policy that services allowed to count toward meeting the "multiple VR services" requirement for purposes of significant and most significant disabilities must be services which require the expenditure of program funds.

The policy was reconsidered, and the requirement was deleted from the final language for determining "multiple VR services."

(14) A Commission member questioned how the nine-month benchmark for determining "extended period of time" was determined, and asked how counselor can be expected to accurately project whether or not the individual will meet the time frame.

The nine-month requirement was based on statistical data showing the case duration ranges for individuals who were determined to be significantly and most significantly disabled, the shortest duration of which (after eliminating the longest and shortest one percent) was nine months.

(15) One Commission member noted that the inability to bathe oneself, dress and undress oneself, and groom oneself, as provided for in current program policy, had been omitted from the criteria listed in the draft chapter for determining the presence of a self care capacity impairment.

The omission from the draft language was unintended, and the referenced activities were restored to the final version of the self care criteria.

(16) A Commission member misread the intent of the multiple services requirement for SD and MSD determinations, and indicated disbelief that an individual must need two or more services before they could be determined to be eligible.

An individual need require only one service to be eligible. The two-or-more services requirement applies only to the severity determination, and is based on the clear regulatory requirement that individuals determined to be significantly disabled or most significantly disabled must require "multiple" services. By dividing the original draft chapter into three, as previously noted, it is believed that the distinction has been made clearer.

POLICY AND PROCEDURE REVISION CONCERNING TRANSITION SERVICES

(17) With respect to the proposed policy on transition services, a Commission member stated that they would like the policy to be more specific as to how early the VR program can take an application and determine eligibility for students with disabilities.



The policy provides that the student, family, and VR counselor are to determine together if and when an application for VR services is to be completed, and that the student can apply for VR services "as soon as may be appropriate" for the student. Since the timing of that determination is different from student to student, it really isn't possible to be more specific about when application can occur. However, the policy does state that the application must be taken "not later than the beginning of the last semester of the student's projected exit year."

(18) One Commission member questioned why informational materials were sent by VR to school guidance counselors and not to special education personnel, instead.

Transition services (and information concerning transition services) must be made available to all students with disabilities; not just students with disabilities in special education programming. No change was made to the draft policy.

POLICY AND PRACTICE REVISION CONCERNING VEHICLE MODIFICATIONS

(19) The draft policy included a provision which stated that, if the individual's choice of vehicle type, make, model, or equipment resulted in modification costs that were higher than the least costly options that fully meet the individual's vocational rehabilitation needs, the individual must be responsible for meeting the difference in cost. A Commission member responded that such issues are a matter of informed choice, and that the requirement should be deleted from policy and practice.

The exercise of an individual's informed choice is not effectively impaired by the proposed policy and practice. The individual can make whatever choices he or she desires. But, with the exercise of choice comes responsibilities and potential consequences for the choices made. The principle stated in the policy is the same as that stated in the federal regulations with respect to an individual's choice of an out-of-state service provider in situations where the use of either the out-of-state provider preferred or a less costly in-state provider would meet the individual's needs, but the individual's preference would be the out-of-state provider (34 CFR §361.50(b)). Consequently, we believe the policy to be consistent with informed choice.

(20) The draft policy and practice also included provisions which require the application of manufacturer's rebates, and insurance settlements received for damaged or destroyed modifications to the costs of vehicle modification transfer, repair, or replacement. A Commission member objected to these provisions.

The same provisions are applied in other states, and appear to be rational, responsible, and reasonable. A manufacturer's rebate is provided specifically to help offset the costs of vehicle modification, so it is logical that it be so applied. Likewise,



insurance settlements received because adaptive equipment has been damaged or destroyed are paid by the insurance company in consequence of the damage or loss incurred, and it seems appropriate that the settlements should be used to meet the costs of repair or replacement of the equipment in question. It is not acceptable, for example, that the VR program be expected to pay for vehicle modifications, then pay for them again when they are damaged or destroyed in an insured accident because the vehicle owner would rather use the settlement for other purposes. No change was made to the final policy and practice in this regard.

(21) A Commission member called for deleting the draft policy and practice which limit modifications to vehicles that are less than 7 years old and which have less than 70,000 miles on their odometers. It also suggested that the policy and practice needs to specify exceptions to the requirements which state that, once a modification is provided for an individual, the individual can't qualify for another modification until they have driven the vehicle modified first for 7 years and 70,000 miles.

Other states have the same or very similar rules, where they appear to operate reasonably well. However, the requirements in question were reviewed and significantly amended to loosen the criteria and allow an exception when additional modifications are required as a consequence of changes in the individual's disability.

POLICY AND PRACTICE REVISION CONCERNING TRANSPORTATION SERVICES

(22) The draft policy stated that transportation could not be offered as a standalone post-employment service solely to provide ongoing transportation to and from work for an individual who has been placed into employment and rehabilitated. A member of the Commission objected to this limitation on the grounds that assistance with transportation might be needed to assure job maintenance, reemployment after job termination, or job advancement, which are the purposes of post-employment service provision.

Nevertheless, the federal regulations define transportation as travel and related expenses that are necessary to enable an applicant or eligible individual to "participate in a vocational rehabilitation service" (34 CFR 361.5(b)(57), and further clarify (34 CFR 361.48(h)) that transportation is available "in connection with the rendering of any vocational rehabilitation service." Long-standing subregulatory federal program policy also specifically declares that "Transportation cannot be furnished as a single service to support an individual in employment after closure" (RSM 2020.05B(4)). The proposed policy statement, being consistent with federal law and policy, was retained in the final version.



CONCLUSION

The Commission and the State VR agency have continued to experience a positive working relationship. The State VR agency has either acted on the Commission's recommendations or sought clarification.



COMMISSION OUTREACH

The Commission continues its outreach initiatives. As each Commission member learned about upcoming events/opportunities, he or she was asked to take action to find out if the Commission could be included. The information was then channeled through the Public Outreach Committee who made certain that the appropriate steps were taken to ensure Commission member representation. In addition, all Commission members were asked to seek opportunities to publicize both Vocational Rehabilitation Services and the Commission, and provide feedback.

The Commission members achieved their goal of networking with other Governor appointed Boards, Councils, and Commissions, as well as agencies and organizations, which included:

FFY	20	04	Act	ivities
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FY 2004 Activities	
February 19–20, 2004	Spring Conference of the Indiana Council of Administrators of Special Education
March 16–18, 2004	Annual Indiana Association of Rehabilitation Facilities Conference
July 11-14, 2004	National Conference of the APSE: The Network on Employment
September 22–23, 2004	Fall Conference of the Indiana Council of Administrators of Special Education

FFY 2005 Activities to Date

October 13–14, 2004	ARC of Indiana Conference
October 21–22, 2004	Fall Conference of the Indiana Association for Higher Education and Disabilities (AHEAD) Conference
November 8–9, 2004	Commission's Public Forum: 2004 Indiana Governor's Council for People with Disabilities Conference



A SHARED VISION

The Commission on Rehabilitation Services and Vocational Rehabilitation (VR) Services worked closely throughout federal fiscal year 2004 in assuring that their shared vision for the citizens of Indiana was accomplished through their collaborative efforts.

The Commission has reorganized and undertaken strategic planning as it gears up to work in closer partnership with Vocational Rehabilitation Services in FFY 2005. In preparing to fulfill its obligations to assist the designated state vocational rehabilitation agency in charting a future course, it is fitting at this year's end to examine the data that are available to assess the effectiveness of the program as it now stands.

VRS STATEWIDE HIGHLIGHTS

fter receiving Vocational Rehabilitation Services, a total of 5,021 individuals with disabilities obtained employment during FFY 2004, which is the second highest total in the last two decades. Among this total, 4,761 individuals obtained competitive employment. This was an increase of 203 rehabilitants and an increase of 275 competitive employment outcomes compared to FFY 2003.

These persons obtained employment in the following job types as seen here.



Professional & Technical	1,070
Clerical and Sales	1,083
Service	1,292
Farming, Fishing, & Forestry	86
Bench, Machining, & Products	789
Other Competitive Labor Market Jobs	449
Homemaker, Unpaid Family Worker	252

Total Persons Employed 5,021



Category	Served	Rehabilitated
SENSORY/COMMUNICATIVE IMPAIRMENTS		
Blindness	947	159
Other Visual Impairments	1,220	253
(Deafness, Primary Communication Visual)	547	85
Deafness, Primary Communication Auditory	211	60
Hearing Loss, Primary Communication Visual	526	148
Hearing Loss, Primary Communication Auditory	3,633	1,428
Other Hearing Impairments (Tinnitus, Meniere's Disease, etc.)	125	59
Deaf-Blindness	21	2
Communicative Impairments (expressive and receptive)	209	33
PHYSICAL IMPAIRMENTS		
Mobility Orthopedic/Neurological Impairments	2,761	308
Manipulation/Dexterity Orthopedic/Neurological Impairments	1,172	129
Both Mobility and Manipulation/Dexterity Orthopedic/		
Neurological Impairments	1,839	194
Other Orthopedic Impairments (e.g., limited range of motion)	2,077	227
Respiratory Impairments	337	28
General Physical Debilitation (fatigue, weakness, pain, etc.)	758	50
Other Physical Impairments (not listed above)	1,797	187
MENTAL IMPAIRMENTS		
Cognitive Impairments (impairments involving learning, thinking,		
processing information, and concentration)	7,931	1,036
Psychosocial Impairments		
(interpersonal and behavioral Impairments, difficulty coping)	5,292	469
Other Mental Impairments	1,776	166
Totals	33,179	5,021

The 33,179 individuals served in certification status and beyond (Statuses 10-33) and the 5,021 individuals rehabilitated during FFY 2004 are partitioned by their primary disabilities according to federally prescribed disability categories in the table to the left.



Numbers and percentages of individuals served in application status and beyond (Statuses 02–33) and rehabilitated in FFY 2004 partitioned by federally prescribed racial categories are shown in the table to the right.

Racial Group	Served	% Served	Rehabilitated	% Rehabilitated
White	33,150	87.25%	4,639	92.39%
African-American	4,353	11.46%	337	6.71%
American Indiana or Eskimo	94	0.25%	8	0.16%
Asian/Pacific Islander	233	0.61%	27	0.54%
Multi-Racial	166	0.43%	10	0.20%

Of the 37,996 individuals served, 591 or 1.56 % also said that they were members of the Latino ethnic group. Similarly, of the 5,021 individuals who were rehabilitated, 64 or 1.28 % also said that they were members of the Latino ethnic group.



	Served	Rehabilitated		Served	Rehabilitated		Served	Rehabilitated
ADAMS	162	21	HENDRICKS	341	46	PIKE	109) 15
ALLEN	1,694	175	HENRY	331	45	PORTER	989	197
BARTHOLOMEW	/ 607	105	HOWARD	663	100	POSEY	262	2 35
BENTON	49	7	HUNTINGTON	483	44	PULASKI	83	3 12
BLACKFORD	150	11	JACKSON	416	74	PUTNAM	166	5 27
BOONE	213	13	JASPER	119	30	RANDOLPH	288	34
BROWN	73	12	JAY	143	11	RIPLEY	135	5 12
CARROLL	113	10	JEFFERSON	240	39	RUSH	61	10
CASS	304	74	JENNINGS	338	70	ST. JOSEPH	1,964	291
CLARK	824	94	JOHNSON	527	83	SCOTT	203	3 28
CLAY	127	15	KNOX	477	73	SHELBY	265	61
CLINTON	128	8	KOSCIUSKO	316	43	SPENCER	97	7 20
CRAWFORD	88	6	LAGRANGE	120	25	STARKE	125	5 24
DAVIESS	232	39	LAKE	1,932	252	STEUBEN	173	3 26
DEARBORN	164	21	LAPORTE	726	148	SULLIVAN	166	5 35
DECATUR	117	8	LAWRENCE	188	39	SWITZERLAND	44	7
DEKALB	172	25	MADISON	751	60	TIPPECANOE	1,169	142
DELAWARE	1,149	92	MARION	5,040	507	TIPTON	65	5 7
DUBOIS	307	36	MARSHALL	261	22	UNION	44	7
ELKHART	1,010	134	MARTIN	132	20	VANDERBURGH	1,513	182
FAYETTE	141	19	MIAMI	266	45	VERMILLION	77	7 16
FLOYD	496	58	MONROE	823	108	VIGO	479	102
FOUNTAIN	110	16	MONTGOMERY	298	35	WABASH	298	35
FRANKLIN	86	10	MORGAN	275	34	WARREN	46	5 7
FULTON	74	14	NEWTON	60	11	WARRICK	220	36
GIBSON	229	49	NOBLE	214	26	WASHINGTON	288	33
GRANT	969	79	OHIO	40	8	WAYNE	802	2 112
GREENE	262	41	ORANGE	227	29	WELLS	121	15
HAMILTON	493	66	OWEN	113	22	WHITE	184	37
HANCOCK	226	20	PARKE	97	30	WHITLEY	146	31
HARRISON	205	25	PERRY	167	32	OUT OF STATE	39	9 6
						NOT KNOWN	7	5

The numbers of customers served in Status 02-33 and rehabilitated by county as seen on left.

STATEWIDE 37,996 5,021



- During FFY 2004 net authorizations

 (authorizations plus supplements minus cancellations) were written for case services totaling \$56,455,204.41 on behalf of 23,046 individuals with disabilities, in addition to the direct provision of counseling, guidance, and placement services by Vocational Rehabilitation staff.
- The increase in annual earnings for the individuals placed in competitive labor market jobs during FFY 2004 in Indiana was \$34,316,518.00 (or \$7,196.75 per person placed). Nationally, the annual investment made by taxpayers in Vocational Rehabilitation is fully paid back in two to four years.
- A total of 1,214 Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries were rehabilitated during FFY 2004.
 Of these, 330 had monthly earnings that equaled or exceeded Substantial Gainful Activity (SGA) at case closure.
 Should these individuals maintain earnings at or above SGA during at least nine of the first 12 months after case closure, then the Social Security Administration will reimburse Vocational Rehabilitation Services for eligible case service costs.
- During FFY 2004, Indiana received \$332,209.32 in reimbursements from the Social Security Administration.

Overall funding level for Vocational Rehabilitation Services during Federal FY 2004 is shown below.





Total Funds Available \$75,664,259



s required under section 101(a)(15)(E)(ii) of the Rehabilitation Act, the Indiana Commission on Rehabilitation Services and Vocational Rehabilitation Services annually prepare, agree to, and submit to the rehabilitation Services Administration Commissioner a report on the activities and progress of vocational Rehabilitation Services in meeting its goals and priorities. The state Plan for Vocational Rehabilitation Services State Plan includes the following information.

AGENCY GOAL	To increase the number of people with disabilities in integrated, competitive employment
OBJECTIVE A	VR customers will have easy access to, and quick delivery of services.

MILESTONES/OUTCOMES:

1. To obtain customer input on improving service delivery.

This milestone was met. Each customer is asked to complete the survey developed by the Rehabilitation Commission and this information is compiled, shared, and changes made to policy/procedure as appropriate.

2. Customers will have access to VR services in all 92 counties by the development and implementation of a standard of accessibility for all places in which VR has a presence.

This milestone was met. Program accessibility continues to be refined in the "One Stops" (i.e., information in alternative formats, computer needs for reasonable accommodation, etc.) Office leases are negotiated with landlords based, in part, on accessibility needs.

3. To comply with all of the Ticket to Work legislation as an employment network in order to serve individuals who are receiving SSI/SSDI benefits, and to partner with Maximus and employment networks.

The agency supported and is now collaborating with two entities in the state that were successful in obtaining federal grants for benefits planners. Memorandums of understanding have been developed with identified employment networks. Training has been provided statewide to VR staff and stakeholders, and follow-up training is planned for 2004. Technical support continues to be available from the Central Office point person.



OBJECTIVE B

All staff will be hired per the Comprehensive System of Personnel Development (CSPD.) (Objective modified 2002)

MILESTONES/OUTCOMES

1. All newly hired Vocational Rehabilitation Counselors are required to have a Master's Degree in Rehabilitation Counseling or closely related area.

This milestone was met.

OBJECTIVE C

The VR staff will operate a quality VR program

MILESTONES/OUTCOMES

1. Adherence to the RSA approved state plan

This milestone was met.

2. Continue to enhance the service delivery system

A greater emphasis is being placed on on-going communication with providers of employment services to improve employment outcomes. Results based funding has been developed as a payment mechanism to providers to ensure customers receive quality employment outcomes. Preparation is underway to pilot the results based funding initiative in each Region.

3. Staff will be provided in-service training, as needed, and ongoing professional development that supports staff in the maintenance of (Certified Rehabilitation Counselor (CRC) accreditation.

This is on going. Refer to Attachment 4.11(b) – Comprehensive System of Personnel Development

OBJECTIVE D

VR customers will have a seamless and customer responsive delivery system

MILESTONES/OUTCOMES

1. The VR customer will have access to an improved and streamlined system of intake and service delivery in One Stop Centers. This includes the development/maintenance of electronic linkages.

Work in this area continues. Each area office has established procedures for intake with the corresponding "One Stop" location. Various VR offices and One Stop Centers continue to work toward electronic linkages with each other.

2. VR will advocate, promote, and extend VR customer service focus to all partners.



Initiatives focusing on person-centered planning and results based funding emphasize to our partners the importance of customer service.

OBJECTIVE E

VR customers will be assured the opportunity for successful employment consistent with their strengths, resources, priorities, concerns, interests, abilities, and capabilities.

MILESTONES/OUTCOMES

1. Each VR customer will be provided as many informed choices as practical as it relates to his/her placement opportunities.

The "informed choice" training curriculum that was developed as the result of the continuous quality improvement initiative continues to be provided twice yearly to newly hired VR Counselors and other interested staff. Vendor specific data (i.e., number of placements per year, timeliness of services etc.), which is collected by the agency and other stakeholders, is made available to counselors and, in turn, to the customers that they are assisting in order to make informed choices of vendors.

2. On-going provision of training for VR staff and customers on informed choice and self-determination.

The curriculum for informed choice has been incorporated into the training efforts of the agency for new counselors and others who wish to participate.

3. Collaboration with partners and stakeholders in the VR process to ensure front line, as well as administrative staff, support customers to obtain employment, and are knowledgeable in those skills necessary for a successful employment outcome.

This effort continues through the development of memorandums of understanding, cooperative agreements, and the agency's training efforts.

OBJECTIVE F

The VR program administration will function effectively and efficiently, supporting all aspects of the VR program.

MILESTONES/OUTCOMES

1. Refinement of an automated case management system.

Refinements continue to be made ensuring the most efficient use of time as well as keeping the customer as the focus. Automated forms have been changed to prepare for the possible onset of Order of Selection. The availability of new fiscal reports assist the administration in planning and forecasting, and enable counselors to more effectively manage their caseloads.



2. Processes and practices that are duplicative will be examined and streamlined.

This is ongoing.

3. Ensure that staff has the tools to do their jobs. Includes resource allocation, caseload size examination, morale, etc.

The focus is now the refinement and enhancement of the automated system. Through work groups, staff have been involved in all aspects of the automation system, including the original design, testing, redesigning and making modifications to the system.

4. Investigation of a "financial means test" for customers who are accessing VR services.

A product design team was established to address this priority. Investigation of other agencies in the nation has occurred, i.e. income level, definitions of terms such as "household", and various laws and regulations. The Policy drafts have been completed and are now undergoing review by the DDARS administration.

INNOVATION AND EXPANSION ACTIVITIES

Indiana innovation and Expansion funds (Title 1) are contracted to the Indiana Institute on Disability and Community to support the Indiana Employment Initiative, which is a continuation of the Indiana Systems Change Project. Activities by the IIDC included: transition from school to work and conversion from segregated sheltered work to community based competitive employment, supported through training and technical assistance.



INDIANA'S FFY 2004 PERFORMANCE ON THE FEDERAL EVALUATION STANDARDS

Performance Indicator 1.1

The total number of rehabilitations recorded in the current Federal Fiscal Year (FFY) compared to the previous year's total.

Standard: Equal or exceed previous performance period.

During FFY 2004 Indiana recorded 5,021 rehabilitations as compared to 4,818 in FFY 2003, which is above standard. The 203 additional rehabilitations represented a 4.2% increase over last year's total.

Performance Indicator 1.2

The total number of rehabilitations divided by the sum of the number of rehabilitations plus the number of Status 28 closures (the New Rehabilitation Rate).

Standard: 55.8%.

During FFY 2004 Indiana achieved a New Rehabilitation Rate of 55.9%, which exceeded the standard. This rate represents a 0.1 of a percentage point increase from the FFY 2003 rate of 55.8%

Performance Indicator 1.3

(*Primary*) The percentage of rehabilitants who achieved a competitive employment outcome with an hourly wage at or above the Federal Minimum Wage of \$5.15. Competitive employment includes self and Business Enterprise Program employment.

Standard: 72.6%.

During FFY 2004 94.8% of Indiana's rehabilitants were closed in competitive employment earning at least the Federal Minimum Wage. Indiana's percent exceeded the standard by 22.2 percentage points which satisfied the performance requirement. It also represents a 1.7 percentage point increase over Indiana's FFY 2003 percentage.

Performance Indicator 1.4

(*Primary*) The percentage of all competitively placed rehabilitants earning at least the Federal Minimum Wage who have significant disabilities.

Standard: 62.4%.

In FFY 2004 92.0% of Indiana's competitively placed rehabilitants earning at least the Federal Minimum Wage had significant disabilities. This figure exceeds the standard by 29.6 percentage points, which satisfied this performance requirement. However, this year's percentage represents a 1.8 percentage point decline from last year's percentage of 93.8%.



INDIANA'S FFY 2004 PERFORMANCE ON THE FEDERAL EVALUATION STANDARDS

Performance Indicator 1.5

(Primary) The ratio between the average hourly wage of competitive rehabilitants making at least the Federal Minimum Wage and the State of Indiana's average hourly wage for all employed individuals. In 2003, the latest year for which wage data are available, the State of Indiana's average hourly wage was \$16.05.

Standard: 0.52 (*Ratio*)

The average hourly wage for Indiana's FFY 2004 competitive rehabilitants making at least the Federal Minimum Wage was \$10.89. Dividing \$10.89 by \$16.05 yields a ratio of 0.68, which exceeds the standard of 0.52. Therefore, this performance requirement was satisfied. By comparison, in FFY 2003 the average hourly wage of competitive rehabilitants was \$10.53, the State's 2001 average hourly wage was \$15.28 (the latest figure available at the time), and the ratio was 0.69.

Performance Indicator 1.6

The difference between the percentages of competitively placed rehabilitants making at least the Federal Minimum Wage who say their personal income was their largest single source of support at case closure and those who say their personal income was their largest single source of support when they applied for services. Personal income includes earnings, rent, interest, and dividends.

Standard: 53.0 (mathematical difference)

During FFY 2004 78.9% of the competitively placed rehabilitants earning at least the Federal Minimum Wage said that their personal income was their largest single source of support at case closure. At application 43.9% of this group reported that personal income was their largest single source of support. The difference between these two percentages was 35.0, which is smaller than the 53.0 standard for this indicator. Therefore Indiana failed to achieve this performance requirement.

By comparison, during FFY 2003 78.2% of the competitively placed rehabilitants earning at least the Federal Minimum Wage said that their personal income was their largest single source of support at case closure. At application 41.1% of this group reported that personal income was their largest single source of support. The difference between these two percentages was 37.1, which is smaller than the 53.0 standard for this indicator.



INDIANA'S FFY 2004 PERFORMANCE ON THE FEDERAL EVALUATION STANDARDS

Performance Indicator 2.1

The ratio of the service rate for minorities to the service rate for whites. The service rate for minorities is obtained by dividing the number of minorities who exited the program after receiving services under an IPE by the total number of minorities who exited the program. Similarly, the service rate for whites is obtained by dividing the number of whites who exited the program after receiving services under an IPE by the total number of whites who exited the program (i.e. [26's+28's]/[02-08's+06-08's+26's+28's+30's]).

Standard: 0.80 (*Ratio*)

The service rate for minorities during FFY 2004 was 53.8%. Similarly, the service rate for whites was 61.7% for the same time period. Dividing the minority service rate by the white service rate yields a ratio of 0.87, which is greater than the standard of 0.80. Consequently, Indiana satisfied this performance requirement.

By comparison, the service rate for minorities in FFY 2003 was 50.5% while the service rate for whites was 60.9%. Consequently, dividing the minority rate by the white rate yielded a ratio of 0.83.

Since Indiana's performance equaled or exceeded standard on five of the six employment outcome indicators, including all three primary indicators, and exceeded the standard for the equal access indicator, it has avoided participating in an improvement plan for FFY 2004.



FOCUS 2005

uring 2005 the Commission will continue to develop mechanisms to ensure public participation in meetings. The dates, times, and locations of the meetings are posted on the State agency website, and each meeting is also posted at the location with 48 hours notice in accordance with the Open Door Law. Each Commission agenda includes a standard time for Open Forum comments from the public.

Positive measures continue to be initiated by the Commission to ensure that the Commission's duties and functions are achieved, consistent with the requirements of the Rehabilitation Act. In 2004, the Commission presented information and provided a forum for public comment during the annual conference of the Governor's Council for People with Disabilities, the IN Association of Rehabilitation Facilities conference, and the ARC of Indiana conference. The measures being taken by the Commission to network with other Governor appointed Boards, Councils, and Commissions will continue during federal fiscal year 2005.

In addressing the status of the Vocational Rehabilitation Services program, the Commission recognizes that Indiana's Vocational Rehabilitation Services has undertaken many important initiatives during the past fiscal year and continues to build on these accomplishments. The Commission enjoys a very positive working relationship with Vocational Rehabilitation Services and supports their efforts to improve customer service and the service delivery system.

Through the establishment of committees, the Commission members have been able to more clearly focus on specific issues in a timely manner. The Commission will annually examine the effectiveness of the current committees and will then determine the need for changes in committee functions and/or the inclusion or discontinuance of specific committees.

Vocational Rehabilitation Services and the Indiana Department of Workforce Development are working in partnership to improve services to Indiana's citizens with disabilities. Collaborative initiatives include co-locating offices to maximize access to information and services. Steps are also being taken to address accessibility issues at the One-Stop Centers and identify methods for sharing data and making the service delivery system customer friendly.

As the Commission looks to the future, its members will work in partnership with the Division of Disability, Aging, and Rehabilitative Services to develop, agree to, and review the State's Goals and Priorities. During federal fiscal year 2005, the Commission will also continue to focus attention on customer satisfaction and outreach efforts to increase public awareness of the Commission and customer participation. Measures will be taken to enhance the visibility of the Commission and provide linkages to other agencies and programs, resulting in greater public awareness of the Vocational Rehabilitation Services Program.



FOCUS 2005

The following excerpt from the State Rehabilitation Council's report, Indiana's Commission on Rehabilitation Services Report on the Effectiveness of the Vocational Rehabilitation Services Program, which is submitted as a part of the Vocational Rehabilitation Services State Plan, aptly summarizes the program's impact.

Vocational Rehabilitation Services (VRS) once again achieved its goal of assisting individuals with disabilities in obtaining satisfactory jobs. The vast majority of these jobs were found in the competitive market. The program has either achieved or made substantial progress toward achieving its established annual goals and objectives. This year the program met or exceeded all but one of the established Federal Program Evaluation Standards and is aggressively working toward improvement in the area not achieved.



REACHING OUT

The Indiana Commission on Rehabilitation Services would like to know your opinion about how Vocational Rehabilitation Services is meeting your needs. We will use this information to help us learn how well Vocational Rehabilitation Services is meeting its customers' expectations. It will also help us recommend improvements in vocational rehabilitation services for the people with disabilities in Indiana.



We would also like to hear from you if you wish to:

- know more about the Commission;
- share your ideas with us;
- attend a future Commission meeting; or
- be considered for appointment to the Commission.

You can contact the Commission:

by mail:

Vocational Rehabilitation Services 402 W. Washington Street, (MS-20) P.O. Box 7083 Indianapolis, Indiana 46207-7083

by phone:

(317) 232-1398, extension 1350 Toll Free: 1-800-545-7763, extension 2-1350

by fax:

(317) 232-6478

by e-mail:

kathy.sodeman@fssa.IN.gov

For further information about Vocational Rehabilitation Services or the Commission on Rehabilitation Services, please visit the world-wide web at:

www.IN.gov/fssa/servicedisabl/vr/index.html





State of Indiana

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